FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

3235-0076 OMB Number: April 30,2008 Expires: Estimated average burden hours per response.....16.00

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UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) SpiderRock Refformance Fund, LLC Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SpiderRock Performance Fund, LLC Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices (312) 362-2110 714 South Dearborn #4, Chicago, Illinois 60605 Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Investment Fund JUN 2 5 *2*007 Type of Business Organization other (please specify): limited partnership, already formed corporation limited partnership, to be formed Limited Liability Company THOMSON business trust Month Vear Actual Estimated 07 Actual or Estimated Date of Incorporation or Organization: 013Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the tiling of a federal notice.

Full Name (Last name first, if individual) Iseli, Craig			A. BASIC ID	ENTIFICATION DATA		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10½ or more of a class of equity securities of the iss Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. **Debug Debug	. Enter the information req	quested for the fol	lowing:			
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers. Eheck Box(es) that Apply:						
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	 Each beneficial own 	er having the pow	er to vote or dispose, or di	rect the vote or disposition (of, 10% or more of	a class of equity securities of the iss
heck Box(es) that Apply:	Each executive office	cer and director of	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Managing Partner Managing Partner	Each general and m	anaging partner of	f partnership issuers.			
Managing Partner Managing Partner		<u></u>	 	T Evecutive Officer	Director	[7] General and/or
SpiderRock Trading, LLC Susiness or Residence Address (Number and Street, City, State, Zip Code) 714 South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:	Theck Box(es) that Apply:	Promoter	Beneficial Owner			
The South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:			- 			
Managing Partner Full Name (Last name first, if individual)				ode)		
Business or Residence Address (Number and Street, City, State, Zip Code) "14 South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code) '14 South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:		f individual)				
14 South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:	·		G G G 21 G	'ada'		
Managing Partner Full Name (Last name first, if individual)		•		.eqe)		
Touch Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Total South Dearborn #4, Chicago, Illinois 60605 Check Box(es) that Apply:		f individual)		<u> </u>	<u></u>	
Check Box(es) that Apply:	Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	714 South Dearborn #4, (Chicago, Illinois	60605			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:				Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, i	f individual)				
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)	Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)	<u></u>	
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, i	f individual)				
Full Name (Last name first, if individual)	Business or Residence Addre	ess (Number and	Street, City, State, Zip (Code)		
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	□ .
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, i	if individual)				
	Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)	· · <u>· · · · · · · · · · · · · · · · · </u>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(cs) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	
Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)		(Use bl	lank sheet, or copy and us	se additional copies of this	sheet, as necessar	у)

				B. IN	FORMATI	ON ABOU	r offerin	/G				
1. Has ti	he issuer sol	ld, or does th			l, to non-ac						Yes	No 🔀
2. What	is the minir	num investm								***************************************	\$_250	,000.00
											Yes	No
		, permit joint									K	
comn If a pe or sta	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
	(Last name	first, if indi	ividual)									
N/A Business	or Residence	e Address (N	lumber and	1 Street. Ci	ty, State, Z	ip Code)					· · · ·	
174,5111445							<u> </u>					
Name of	Associated I	Broker or De	aler									
States in	Which Perso	on Listed Has	s Solicited	or Intends	to Solicit I	Purchasers			<u></u>	·		
(Che	ck "All Stat	es" or check	individual	States)		,	****************		•		☐ All	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Nam	e (Last nam	e first, if ind	ividual)		•							
Business	or Residen	ce Address (Number an	id Street, C	City, State,	Zip Code)					_,	
Name of	Associated l	Broker or De	aler	•	·							
States in	Which Perso	on Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		-	•			
(Che	ck "All Stat	es" or check	individua	l States)	••••	***************************************	••••••		••••		☐ AI	1 States
AI. IL MT	IN NE	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Nam	e (Last nam	e first, if ind	lividual)									
Business	or Residen	ce Address (Number ar	nd Street, C	City, State,	Zip Code)						
Name of	Associated	Broker or De	ealer								****	
States in	Which Pers	on Listed Ha	s Solicited	l or Intend	s to Solicit	Purchasers	<u> </u>					·
		tes" or check							***************************************		. [] A	ll States
AL IL MT	IN NE	AZ IA NV	AR KS NH TN	CA KY NJ TX	CO LA NM (UT)	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s
	Equity		
	Equity	·	<u> </u>
		c	c
	Convertible Securities (including warrants)		
	Partnership Interests	25 000 000 00	\$ 1.180.000.00
	Other (Specify Membership Interests	25,000,000.00	± 1 180 000 00
	Total	20,000,000.00	\$_1,100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$_1,180,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of Security	Dollar Amount Sold
	Type of Offering	•	e Solu
	Rule 505		э <u> </u>
	Regulation A		\$
	Rule 504		\$ \$ 0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_15,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) Miscellaneous		\$ 3,000.00
	Total		\$_18,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	•	Payments to	
		Officers,	
		Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	\$
	Purchase of real estate	\$	\$
	Purchase, rental or leasing and installation of machinery		
	and equipment	s	. \[\] \$
	Construction or leasing of plant buildings and facilities	<u> </u>	. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)		.
	Repayment of indebtedness	\$	
	Working capital	_ 	✓ \$ 24,982,000.0
	Other (specify):	 \$	s
		□\$	
	Column Totals		
	Total Payments Listed (column totals added)	Z \$ <u>2</u>	4,982,000.00
	D. FEDERAL SIGNATURE		
		a is filed under Dr	to 505, the following
I n sie	ie issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi	ssion, upon writte	en request of its staff,
the	e information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	Rule 502.	
Iss	suer (Print or Type) Signature	Date	
S	piderRock Performance Fund, LLC	June 5, 2007	
Na	ame of Signer (Print or Type) Title of Signer (Print or Type)		
36	orge Papa Managing Member of SpiderRock Trading, L	LC	
			

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🗷
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.	titled to ming the	the Uniform availability
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned
Issuer (Print or Type) Signature Date		
	Rock Performance Fund, LLC June 5, 2007		

Title (Print or Type)

Managing Member of SpiderRock Trading, LLC

Instruction:

Name (Print or Type)

George Papa

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX											
1	Intend to non-a investor	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL												
AK												
AZ		×	\$25,000,000.00	1	\$50,000.00		····		×			
AR						•						
CA												
СО												
СТ												
DE						·						
DC												
FL					ļ <u>.</u>		ļ					
GA												
ні												
ID												
IL		×	\$25,000,000.00	4	\$600,000.00		ļ		×			
IN												
IA												
KS												
KY												
LA								<u> </u>				
МЕ			-									
MD												
МА												
MI		×	\$25,000,000.00	1	<u> </u>				×			
MN												
MS												

APPENDIX 5 1 2 3 4 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of offering price to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes No State Yes No **Investors** Amount **Investors** Amount MO MT NE NV NΗ NJ NM \$25,000,000.00 × 1 NY × NC ND ОН OK OR PA RI SC SD TN TXUT \$25,000,000.00 1 X × VT VA WA wv WI

	APPENDIX											
1		2	3 Type of security			5 Disqualification under State ULC						
	to non-a investor	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explanamount purchased in State waiver			s, attach nation of r granted) E-Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												

